

Exhibit D

CLINIC INJURY REPORT LOGBOOK

Fy21

Control Number	Inmate Name (Last, First)	Book & Case / Sentence Number	NYSID Number	Housing Location	Injury Location	Date & Time of Injury	Nature of Injury	Time In Clinic	Time out of Clinic	Area Captain Notified	Time Captain Notified	Clinic Officer	Captain's Signature Injury Report Received	Injury Reports Delivered to T/C by C/O
757														
758														
759														
760														
761														
762														
763														
764														
765	Rodriguez, Reter	34911003090	01834 2988	95	95	8/31/20 1815 Hrs.	UOF	2330 Hrs.		Gibson	1815 Hrs.	mcintosh	ll	mitchell
766														
767														
768														
769														
770						/ / Hrs.		Hrs.	Hrs.		Hrs.			
771						/ / Hrs.		Hrs.	Hrs.		Hrs.			
772						/ / Hrs.		Hrs.	Hrs.		Hrs.			
773						/ / Hrs.		Hrs.	Hrs.		Hrs.			
774						/ / Hrs.		Hrs.	Hrs.		Hrs.			

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